



Telephone Company

100 REDBUD RD. P.O. BOX 230 VIRGINIA, ILLINOIS 62691-0230
217-452-3022 www.casscomm.com 800-508-5405

REDACTED – FOR PUBLIC INSPECTION

Via ECFS

June 26, 2017

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 Twelfth Street S.W.
Room 5-A225
Washington, D.C. 20554

**RE: FCC FORM 481 – CARRIER ANNUAL REPORTING DATA COLLECTION
CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE
ORDER IN WC DOCKET NO. 14-58, BEFORE THE FEDERAL COMMUNICATIONS
COMMISSION (FILED IN DOCKET 14-58) AND CONFIDENTIAL FINANCIAL
INFORMATION FILED PURSUANT TO SECTIONS .457 AND .459 OF THE FEDERAL
COMMUNICATIONS COMMISSION RULES**

Dear Ms. Dortch,

Cass Telephone Company (Cass) hereby submits the attached redacted and confidential versions of its “FCC Form 481 – Carrier Annual Reporting Data Collection” financial information pursuant to sections §54.313 and §54.422 of the Commission’s rules, as filed with the Universal Service Administrative Company.

Section 3005 of Form 481 requires the filing of financial information per 47 C.F.R. §54.313(f)(2). Cass maintains that this information is “Confidential Financial Information” on the grounds that it is competitively sensitive information which could be used to disadvantage or harm Cass, and is submitting this information pursuant to Protective Order, DA 16-296 as described below.

First, Cass is submitting the 54.313(f)(2) “Confidential Financial Information” as a “Stamped Confidential Document” with each page bearing the legend CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER BEFORE THE FEDERAL COMMUNICATIONS COMMISSION, and also submitting the .457 and .459 “Confidential Financial Information” as a “Stamped Confidential Document” with each page labeled

"CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER BEFORE THE FEDERAL COMMUNICATIONS COMMISSION". The original and one copy of the "Stamped Confidential Document(s)" and accompanying cover letter are enclosed.

Second, Cass is submitting the "Stamped Confidential Document(s)" as a "Redacted Confidential Document" where the "Confidential Financial Information" has been redacted. The original and one copy of the "Redacted Confidential Document(s)" and accompanying cover letter with each page labeled "REDACTED - FOR PUBLIC INSPECTION" are enclosed.

FCC Form 481 also will be filed prior to July 1st with the Illinois Commerce Commission.

Please contact me with any questions you have on this filing.

Sincerely,



Jennifer Brue
Accounting Department
Cass Telephone Company
(217) 452-7800
jennifer.brue@casscabletv.com

Enclosures

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 340984 |
| <015> | Study Area Name | CASS TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Jennifer Brue |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | jbrue@casscomm.com |
| | Form Type | 54.313 and 54.422 |

REDACTED – For Public Inspection

| | | |
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| <010> | Study Area Code | 340984 |
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| <020> | Program Year | 2018 |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

<210> For the prior calendar year, were there any reportable voice service outages? Yes

-- See attached worksheet --

**(300) Unfulfilled Service Request
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 340984 |
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| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

0

<330> Detail on attempts (broadband)

Name of Attached Document

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 340984 |
| <015> | Study Area Name | CASS TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |
| <400> | Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed voice | |
| <410> | Complaints per 1000 customers for fixed voice | 0 . 0 |
| <420> | Complaints per 1000 customers for mobile voice | |
| <430> | Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed broadband | |
| <440> | Complaints per 1000 customers for fixed broadband | 0 . 0 |
| <450> | Complaints per 1000 customers for mobile broadband | |

| | | |
|------------------|--|--------------------|
| <010> | Study Area Code | 340984 |
| <015> | Study Area Name | CASS TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |
| <500> | Certify compliance with applicable service quality standards and consumer protection rules | Yes |
| 340984IL510 .pdf | | |
| <510> | Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance | |
| <515> | Certify compliance with applicable minimum service standards | |

Service Quality Standards Compliance

Per Subpart A, Section 730.100 of Title 83, Chapter 1, Subchapter f of the Illinois Administrative Code, Cass Telephone Company is required to meet the service quality standards contained in Section 730. Subpart E of this section addresses “Standards of Quality of Service”. Subpart A, Section 730.115 requires the quarterly reporting of various installation, repair and answer time data for Illinois Commerce Commission and public review.

Consumer Protection Rules Compliance

Cass Telephone Company complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and Subpart Y, Truth in Billing Requirements for Common Carrier, and Federal Trade Commission Red Flag rules to prevent identity theft. A Company Manual for CPNI and Red Flags is in place and employee training is conducted annually. New hires are instructed on the programs as required by their job functions.

| | | |
|---|--|--|
| (600) Functionality in Emergency Situations Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|--|

| | | |
|-------|---|--------------------|
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| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |
| <600> | Certify compliance regarding ability to function in emergency situations | Yes |
| <610> | Descriptive document for Functionality in Emergency Situations | 340984IL610.pdf |

Cass Telephone Company (Cass) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)1 and Subpart A, Section 730.325 of Title 83, Chapter 1, Subchapter f of the Illinois Administrative Code.

Description of Functionality in Emergency Situations

- 1) Cass has an emergency plan in place per Subpart A, Section 730.325(a) of Title 83, Chapter 1, Subchapter f of the Illinois Administrative Code.
- 2) Cass has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.
- 3) Specifically, Cass has two wire centers. The Virginia central office has a natural gas powered generator backing up a 48 volt battery system which is capable of powering the equipment for 8 hours with no outside power source. The Easton central office has a natural gas powered generator backing up a 48 volt battery system. All remote cabinets have batteries capable of lasting 8 to 10 hours with no outside power source and are equipped with connections for a portable generator. Voice service is powered off either the serving central office or the closest remote cabinet.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

OMB Control No. 3060-0986/OMB Control No. 3060-0819

<039> Contact Email Address - Email Address of person identified in data line <030> jbrue@casscomm.com

1/1/2017

-- See attached worksheet

| | | |
|-------|---|--------------------|
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[illegible]

**(800) Operating Companies
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|------------------------|
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| <030> | Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |
| <810> | Reporting Carrier | CASS TELEPHONE COMPANY |
| <811> | Holding Company | Not Applicable |
| <812> | Operating Company | CASS TELEPHONE COMPANY |

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

| | | |
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| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select Yes or No or Not Applicable |
|--|
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**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
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| <030> | Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 340984IL1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 340984IL1030.pdf

Name of Attached Document

Voice Services Rate Comparability Information for Cass Telephone Company

As evidenced by the data provided on line 700 of FCC Form 481, the Company's voice service pricing is no more than 2 standard deviations above the national average urban rate (\$47.48) as announced by the Wireline Competition Bureau in April, 2015 (DA 15-470).

Broadband Services Rate Comparability Information for Cass Telephone Company

As evidenced by the data provided on line 710 of FCC Form 481, the Company's broadband service pricing, for services that meet the Commission's broadband public interest obligations, is no more than the applicable 2016 benchmark announced in the public notice issued by the Wireline Competition Bureau.

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

| | | |
|-------|---|--------------------|
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| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

340984IL1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

Description of Lifeline Terms and Conditions

Section 15.3 of Cass Telephone Company's ILL. C. C. No. 10 local service tariff outlines the eligibility requirements and the type and amount of support for their implementation of the Lifeline program.

Section 4.1 of that tariff describes the residential local exchange service to which the Lifeline support is applicable. This service includes unlimited local calling minutes.

Cass Telephone Company offers equal access toll calling for all Lifeline customers through available interexchange carriers (IXCs). The rates, terms and conditions of the toll offerings are made by the IXCs.

Cass Telephone Company's application for Lifeline support is attached.



100 REDBUD RD. P.O. BOX 230 VIRGINIA, ILLINOIS 62691-0230
217-452-3022 www.casscomm.com 800-508-5405

LIFELINE PROGRAM ENROLLMENT FORM

Lifeline Service Disclosure

Lifeline is a government assistance program and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program. Only one Lifeline benefit is available per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. Violation of the one per household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program. Lifeline is a non-transferable benefit and you may not transfer this benefit to any other person, regardless of whether they qualify for Lifeline service.

Customer Information

Full Name _____

Date of Birth _____ (MM/DD/YYYY) Social Security # _____

Residential Address: _____
Street Apt. # City State Zip

Billing Address: _____
(if different from above) Street Apt. # City State Zip

Address is _____ Permanent _____ Temporary

Certifications on Eligibility

I participate in the following public assistance programs (check all that apply):

- ____ Supplemental Nutrition Assistance Program (SNAP)
____ Medicaid
____ Supplemental Security Income (SSI)
____ Federal Public Housing Assistance
____ Veterans Pension &/or Survivors Pension

Income Guidelines

If you do not participate in any of the programs above, you may still be eligible for Lifeline Assistance if your annual household income is at or below the amounts shown below, depending on the size of your household. Please check the corresponding line if you are eligible on this income basis. Please indicate the number of household members if more than 7.

| <u>Number in household</u> | <u>135% of Federal Poverty Level</u> |
|---|--------------------------------------|
| ____ 1 | \$16,281 |
| ____ 2 | \$21,924 |
| ____ 3 | \$27,567 |
| ____ 4 | \$33,210 |
| ____ 5 | \$38,853 |
| ____ 6 | \$44,496 |
| ____ 7 | \$50,139 |
| ____ additional members more than 7, add \$5,643 to income for each additional household member | |

BEFORE THE FEDERAL COMMUNICATIONS COMMISSION
PLEASE READ THE FOLLOWING IMPORTANT INFORMATION ABOUT THE LIFELINE PROGRAM BEFORE YOU SIGN BELOW:

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household. A household is defined for the purposes of the Lifeline program as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline assistance from multiple telephone service providers. This includes both wireless and wireline providers.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

PLEASE READ AND INITIAL THE FOLLOWING:

I certify, under penalty of perjury, that:

_____ • I understand and consent to the Company providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth; the last 4 digits of my social security number; the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, the Company will deny me Lifeline service.

_____ • I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).

_____ • My household meets the program-based or income-based eligibility criteria indicated above.

_____ • I must notify the Company within 30 days if for any reason my household no longer satisfies the criteria for receiving Lifeline assistance. This includes if I no longer meet the income-based or program-based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, if another member of my household is receiving a Lifeline benefit, or for any other reason, my household no longer satisfies the criteria for receiving Lifeline support. Failure to notify the Company may result in penalties and de-enrollment from the program.

_____ • I must notify the Company within 30 days if I move to a new address.

_____ • Only one Lifeline service benefit is available per household. To the best of my knowledge, my household is not already receiving a Lifeline service.

_____ • I understand that my Lifeline service is not transferrable. I may not transfer my service to any individual, including another eligible low-income consumer.

_____ • I understand that providing false or fraudulent information to receive Lifeline assistance is punishable by law.

_____ • I understand that I may be required to re-certify my household's eligibility for Lifeline assistance at any time, and if I fail to re-certify as to my continued eligibility, it will result in de-enrollment and the termination of my household's Lifeline assistance.

_____ • The information contained in this form is true and correct to the best of my knowledge.

Date: _____

Lifeline Assistance Customer Signature
(Must be the same name as on page one)

Please mail this completed certification form to:

Cass Telephone Company
100 Redbud Rd
Virginia, IL. 62691

EXHIBIT A

**ELIGIBLE TELECOMMUNICATIONS CARRIERS
LIFELINE PROGRAMS
CONSENT FORM**

NAME: _____

DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

By my signature below, I further give my telecommunication carrier permission to verify with the Illinois Department of Human Services whether or not I am entitled to public assistance benefits as of the date of this application and from time to time thereafter.

Signed Name

Date

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.
- <2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing
Required Information

Name of Attached Document Listing
Required Information

(2005) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

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Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

| | |
|--|--|
| (3005) Rate Of Return Carrier Additional Documentation Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

| | | | |
|--|--|--|--|
| (3009) | Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii) | Yes - Attach Certification | |
| (3010A) | Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)} | 340984IL3010.pdf | |
| (3010B) | Please Provide Attachment | Name of Attached Document Listing Required Information | |
| (3012A) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | No - No New Community Anchors | |
| (3012B) | Please Provide Attachment | Name of Attached Document Listing Required Information | |
| (3013) | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} | (Yes/No) | <input checked="" type="radio"/> <input type="radio"/> |
| (3014) | If yes, does your company file the RUS annual report | (Yes/No) | <input type="radio"/> <input checked="" type="radio"/> |
| Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | | | |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | <input type="checkbox"/> |
| (3016) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Document Listing Required Information | |
| (3018) | If the response is no on line 3014, is your company audited? | (Yes/No) | <input checked="" type="radio"/> <input type="radio"/> |
| If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: | | | |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | | <input checked="" type="checkbox"/> |
| (3020) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | | <input checked="" type="checkbox"/> |
| (3021) | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. | | <input checked="" type="checkbox"/> |
| If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: | | | |
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | | <input type="checkbox"/> |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | <input type="checkbox"/> |
| (3024) | Underlying information subjected to an officer certification. | | <input type="checkbox"/> |
| (3025) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | 340984IL3026.pdf |

Cass Telephone Company

Rate-of-Return Carrier Broadband Service Certification

The Company certifies it has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/2 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

(3005a) Operating Report for Privately-Held Rate of Return Carriers

FCC Form 481

Balance Sheet - Data Collection Form

OMB Control No. 3060-0986

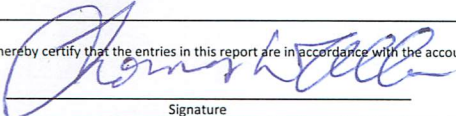
OMB Control No. 3060-0819

Page 1 of 3

July 2013

| | |
|---|------------------------|
| <010> Study Area Code | 340984 |
| <015> Study Area Name | Cass Telephone Company |
| <020> Program Year | 2018 |
| <030> Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 217-452-7800 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

| | | | |
|--|--------------------------|---|-------------------------------------|
| Filed as reviewed single company | <input type="checkbox"/> | Filed as audited single company | <input checked="" type="checkbox"/> |
| Filed as reviewed consolidated company | <input type="checkbox"/> | Filed as audited consolidated company | <input type="checkbox"/> |
| Filed as subsidiary of reviewed consolidated company | <input type="checkbox"/> | Filed as subsidiary of audited consolidated company | <input type="checkbox"/> |

| | |
|---|-------------------|
| CERTIFICATION We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief. | |
|  Signature | 6-26-2017 Date |

| PART A. BALANCE SHEET | | BALANCE PRIOR | BALANCE END OF | BALANCE PRIOR | BALANCE END OF |
|---|--|---------------|----------------|---------------|----------------|
| ASSETS | | | | | |
| CURRENT ASSETS | | | | | |
| 1. Cash and Equivalents | | | | | |
| 2. Cash-RUS Construction Fund | | | | | |
| 3. Affiliates: | | | | | |
| a. Telecom, Accounts Receivable | | | | | |
| b. Other Accounts Receivable | | | | | |
| c. Notes Receivable | | | | | |
| 4. Non-Affiliates: | | | | | |
| a. Telecom, Accounts Receivable | | | | | |
| b. Other Accounts Receivable | | | | | |
| c. Notes Receivable | | | | | |
| 5. Interest and Dividends Receivable | | | | | |
| 6. Material-Regulated | | | | | |
| 7. Material-Nonregulated | | | | | |
| 8. Prepayments | | | | | |
| 9. Other Current Assets | | | | | |
| 0. Total Current Assets (1 Thru 9) | | | | | |
| NONCURRENT ASSETS | | | | | |
| 1. Investment in Affiliated Companies | | | | | |
| a. Rural Development | | | | | |
| b. Nonrural Development | | | | | |
| 2. Other Investments | | | | | |
| a. Rural Development | | | | | |
| b. Nonrural Development | | | | | |
| 3. Nonregulated Investments | | | | | |
| 4. Other Noncurrent Assets | | | | | |
| 5. Deferred Charges | | | | | |
| 6. Jurisdictional Differences | | | | | |
| 7. Total Noncurrent Assets (11 thru 16) | | | | | |
| PLANT, PROPERTY, AND EQUIPMENT | | | | | |
| 8. Telecom, Plant-in-Service | | | | | |
| 9. Property Held for Future Use | | | | | |
| 0. Plant Under Construction | | | | | |
| 1. Plant Adj., Nonop. Plant & Goodwill | | | | | |
| 2. Less Accumulated Depreciation | | | | | |
| 3. Net Plant (18 thru 21 less 22) | | | | | |
| 4. TOTAL ASSETS (10+17+23) | | | | | |
| LIABILITIES AND STOCKHOLDERS' EQUITY | | | | | |
| CURRENT LIABILITIES | | | | | |
| 25. Accounts Payable | | | | | |
| 26. Notes Payable | | | | | |
| 27. Advance Billings and Payments | | | | | |
| 28. Customer Deposits | | | | | |
| 29. Current Mat. L/T Debt | | | | | |
| 30. Current Mat. L/T Debt-Rur. Dev. | | | | | |
| 31. Current Mat.-Capital Leases | | | | | |
| 32. Income Taxes Accrued | | | | | |
| 33. Other Taxes Accrued | | | | | |
| 34. Other Current Liabilities | | | | | |
| 35. Total Current Liabilities (25 thru 34) | | | | | |
| LONG-TERM DEBT | | | | | |
| 36. Funded Debt-RUS Notes | | | | | |
| 37. Funded Debt-RTB Notes | | | | | |
| 38. Funded Debt-FFB Notes | | | | | |
| 39. Funded Debt-Other | | | | | |
| 40. Funded Debt-Rural Develop. Loan | | | | | |
| 41. Premium (Discount) on L/T Debt | | | | | |
| 42. Recquired Debt | | | | | |
| 43. Obligations Under Capital Lease | | | | | |
| 44. Adv. From Affiliated Companies | | | | | |
| 45. Other Long-Term Debt | | | | | |
| 46. Total Long-Term Debt (36 thru 45) | | | | | |
| OTHER LIAB. & DEF. CREDITS | | | | | |
| 47. Other Long-Term Liabilities | | | | | |
| 48. Other Deferred Credits | | | | | |
| 49. Other Jurisdictional Differences | | | | | |
| 50. Total Other Liabilities and Deferred Credits (47 thru 49) | | | | | |
| EQUITY | | | | | |
| 51. Cap. Stock Outstanding & Subscribed | | | | | |
| 52. Additional Paid-in-Capital | | | | | |
| 53. Treasury Stock | | | | | |
| 54. Membership and Cap. Certificates | | | | | |
| 55. Other Capital | | | | | |
| 56. Patronage Capital Credits | | | | | |
| 57. Retained Earnings or Margins | | | | | |
| 58. Total Equity (51 thru 57) | | | | | |
| 59. TOTAL LIABILITIES AND EQUITY (35+46+50+58) | | | | | |

(3005b) Operating Report for Privately-Held Rate of Return Carriers

FCC Form 481

Income Statement - Data Collection Form

OMB Control No. 3060-0986

OMB Control No. 3060-0819

Page 2 of 3

July 2013

<010> Study Area Code 340984
 <015> Study Area Name Cass Telephone Company
 <020> Program Year 2018
 <030> Contact Name - Person USAC should contact regarding this data Jennifer Brue
 <035> Contact Telephone Number - Number of person identified in data line <030> 217-452-7800
 <039> Contact Email Address - Email Address of person identified in data line <030> jbrue@casscomm.com

| PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS | | |
|---|------------|-----------|
| ITEM | PRIOR YEAR | THIS YEAR |
| 1. Local Network Services Revenues | | |
| 2. Network Access Services Revenues | | |
| 3. Long Distance Network Services Revenues | | |
| 4. Carrier Billing and Collection Revenues | | |
| 5. Miscellaneous Revenues | | |
| 6. Uncollectible Revenues | | |
| 7. Net Operating Revenues (1 thru 5 less 6) | | |
| 8. Plant Specific Operations Expense | | |
| 9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization) | | |
| 0. Depreciation Expense | | |
| 1. Amortization Expense | | |
| 2. Customer Operations Expense | | |
| 3. Corporate Operations Expense | | |
| 4. Total Operating Expenses (8 thru 13) | | |
| 5. Operating Income or Margins (7 less 14) | | |
| 6. Other Operating Income and Expenses | | |
| 7. State and Local Taxes | | |
| 8. Federal Income Taxes | | |
| 9. Other Taxes | | |
| 0. Total Operating Taxes (17+18+19) | | |
| 1. Net Operating Income or Margins (15+16-20) | | |
| 2. Interest on Funded Debt | | |
| 3. Interest Expense - Capital Leases | | |
| 4. Other Interest Expense | | |
| 5. Allowance for Funds Used During Construction | | |
| 6. Total Fixed Charges (22+23+24-25) | | |
| 7. Nonoperating Net Income | | |
| 8. Extraordinary Items | | |
| 9. Jurisdictional Differences | | |
| 0. Nonregulated Net Income | | |
| 1. Total Net Income or margins (21+27+28+29+30-26) | | |
| 2. Total Taxes Based on Income | | |
| 3. Retained Earnings or Margins Beginning-of-Year | | |
| 4. Miscellaneous Credits Year-to-Date | | |
| 5. Dividends Declared (Common) | | |
| 6. Dividends Declared (Preferred) | | |
| 7. Other Debits Year-to-Date - Distributions | | |
| 8. Transfers to Patronage Capital | | |
| 9. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)] | | |
| 0. Patronage Capital Beginning-of-Year | | |
| 1. Transfers to Patronage Capital | | |
| 2. Patronage Capital Credits Retired | | |
| 3. Patronage Capital End-of-Year (40+41-42) | | |
| 4. Annual Debt Service Payments | | |
| 5. Cash Ratio [(14+20-10-11)/7] | | |
| 6. Operating Accrual Ratio [(14+20+26)/7] | | |
| 7. TIER [(31+26)/26] | | |
| 8. DSCR [(31+26+10+11)/44] | | |

(3005c) Operating Report for Privately-Held Rate of Return Carriers
Cash Flow - Data Collection Form

Page 3 of 3

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
July 2013

| | |
|---|------------------------|
| <010> Study Area Code | 340984 |
| <015> Study Area Name | Cass Telephone Company |
| <020> Program Year | 2018 |
| <030> Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 217-452-7800 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

| PART C. STATEMENTS OF CASH FLOWS | |
|--|--|
| 1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund) | |
| CASH FLOWS FROM OPERATING ACTIVITIES | |
| 2. Net Income | |
| 3. Add: Depreciation | |
| 4. Add: Amortization | |
| 5. Other (Explain) | |
| 6. Decrease/(Increase) in Accounts Receivable | |
| 7. Decrease/(Increase) in Materials and Inventory | |
| 8. Decrease/(Increase) in Prepayments and Deferred Charges | |
| 9. Decrease/(Increase) in Other Current Assets | |
| 10. Increase/(Decrease) in Accounts Payable | |
| 11. Increase/(Decrease) in Advance Billings & Payments | |
| 12. Increase/(Decrease) in Other Current Liabilities | |
| 13. Net Cash Provided/(Used) by Operations | |
| CASH FLOWS FROM FINANCING ACTIVITIES | |
| 14. Decrease/(Increase) in Notes Receivable | |
| 15. Increase/(Decrease) in Notes Payable | |
| 16. Increase/(Decrease) in Customer Deposits | |
| 17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities) | |
| 18. Increase/(Decrease) in Other Liabilities & Deferred Credits | |
| 19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital | |
| 20. Less: Payment of Dividends - Distributions | |
| 21. Less: Patronage Capital Credits Retired | |
| 22. Other (Explain) | |
| 23. Net Cash Provided/(Used) by Financing Activities | |
| CASH FLOWS FROM INVESTING ACTIVITIES | |
| 24. Net Capital Expenditures (Property, Plant & Equipment) | |
| 25. Other Long-Term Investments | |
| 26. Other Noncurrent Assets & Jurisdictional Differences - Increase to Patronage Capital | |
| 27. Other (Explain) | |
| 28. Net Cash Provided/(Used) by Investing Activities | |
| 29. Net Increase/(Decrease) in Cash | |
| 30. Ending Cash | |

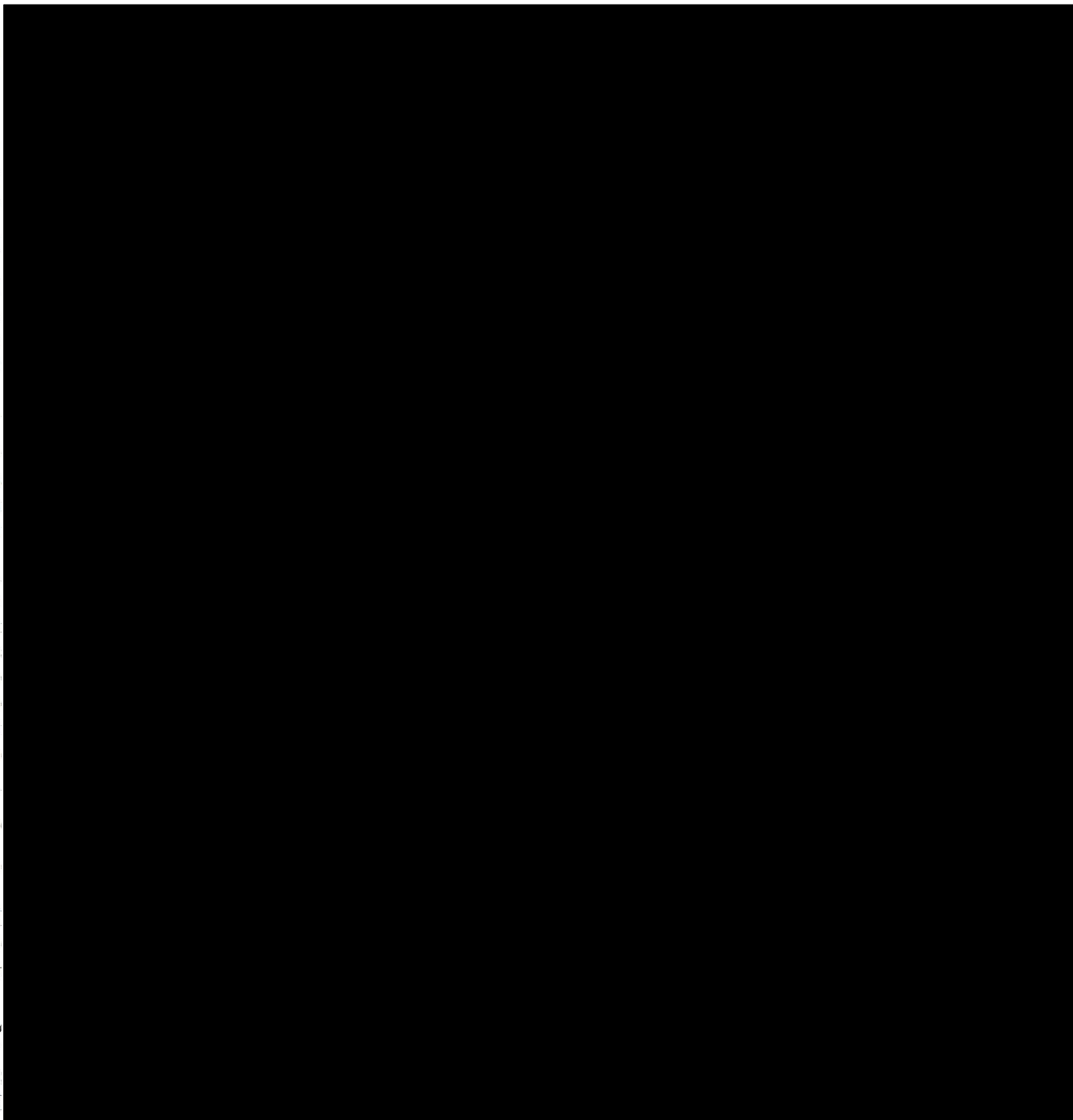


MARLETT & ASSOCIATES
C P A S L T D

2131 W. White Oaks Dr. • Suite B-1
Springfield, Illinois 62704

Tel: (217) 679-0904
Fax: (217) 679-0912
Email: dmarlett@twocpas.net
scott@twocpas.net
www.twocpas.net

INDEPENDENT AUDITOR'S REPORT



(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

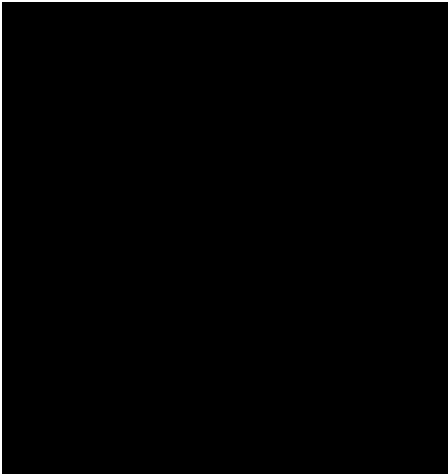
OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 340984 |
| <015> | Study Area Name | CASS TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends



| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 340984 |
| <015> | Study Area Name | CASS TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

**CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER
BEFORE THE FEDERAL COMMUNICATIONS COMMISSION**

Page 19

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|--------------------|---|--------------------|
| <010> | Study Area Code | 340984 |
| <015> | Study Area Name | CASS TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|---|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: CASS TEL CO | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date 06/28/2017 |
| Printed name of Authorized Officer: MIKE REYNOLDS | |
| Title or position of Authorized Officer: VICE PRESIDENT | |
| Telephone number of Authorized Officer: 2174527800 ext. | |
| Study Area Code of Reporting Carrier: 340984 | Filing Due Date for this form: 07/03/2017 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

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**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

| | |
|---|--------------------|
| <010> Study Area Code | 340984 |
| <015> Study Area Name | CASS TEL CO |
| <020> Program Year | 2018 |
| <030> Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date: |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | |
| Name of Authorized Agent Firm: | |
| Signature of Authorized Agent or Employee of Agent: | Date: |
| Name of Authorized Agent Employee: | |
| Title or position of Authorized Agent or Employee of Agent: | |
| Telephone number of Authorized Agent or Employee of Agent: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

| | |
|--|--|
| (200) Service Outage Reporting (Voice) Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 340984 |
| <015> | Study Area Name | CASS TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

<210> For the prior calendar year, were there any reportable voice service outages? Yes

<220>

[illegible]

REDACTED – For Public Inspection

**CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER
BEFORE THE FEDERAL COMMUNICATIONS COMMISSION**

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 340984 |
| <015> | Study Area Name | CASS TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

| | | |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date | 1/1/2017 |
| <702> | Single State-wide Residential Local Service Charge | |

<703>

[illegible]

REDACTED – For Public Inspection

**CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER
BEFORE THE FEDERAL COMMUNICATIONS COMMISSION**

| | |
|---|--|
| (710) Broadband Price Offerings Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 340984 |
| <015> | Study Area Name | CASS TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |

[illegible]

**CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER
BEFORE THE FEDERAL COMMUNICATIONS COMMISSION**

| | |
|---|--|
| (800) Operating Companies Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 340984 |
| <015> | Study Area Name | CASS TEL CO |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jennifer Brue |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2174527800 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jbrue@casscomm.com |
| <810> | Reporting Carrier | CASS TELEPHONE COMPANY |
| <811> | Holding Company | Not Applicable |
| <812> | Operating Company | CASS TELEPHONE COMPANY |

[illegible]